

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021826

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 140

**FILED JUL 5 1962**

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Audrain</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Mexico</u>  |   | c. CITY OR TOWN <u>Wellsville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>311 W. Hudson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED<br>(Type or print) First <u>KENNETH</u> Middle <u>ALFRED</u> Last <u>ERICKSON</u>   |   | 4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1962</u>  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>Mar. 29, 1886</u>                           |
| 9. AGE (last birthday)<br><u>76</u>   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Highway Dept.</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Pontiac, Ill.</u> |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13. FATHER'S NAME<br><u>Chris Erickson</u>   |  |
| 14. MOTHER'S MAIDEN NAME<br><u>unknown</u>  |   | 15. NAME OF HUSBAND OR WIFE<br><u>Maude Christopher</u>  |  |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |   | 17. SOCIAL SECURITY NO.<br><u>[redacted]</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Vascular accident</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 days</u>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>         | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year <u>6-13-62</u>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | 20f. CITY, TOWN, OR LOCATION<br><u>Mexico, Mo.</u>   |  |
| 20g. COUNTY<br><u>Montgomery</u>  |   | 20h. STATE<br><u>Missouri</u>  |  |
| 21. I attended the deceased from <u>6-13-62</u> to <u>Death</u> and last saw him alive on <u>June 22, 62</u><br>Death occurred at <u>8:15 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE<br><u>Edward Shaw MD</u>  |  |
| 22b. ADDRESS<br><u>Mexico, Mo.</u>  |   | 22c. DATE SIGNED<br><u>6-25-62</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial &amp; Removal</u>  | 23b. DATE<br><u>June 24, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Rowe Cemetery</u>   | 23d. LOCATION (City, town, or county)<br><u>Pontiac, Ill.</u>      |
| 24. FUNERAL DIRECTOR<br><u>Howard F. Myers, Wellsville, Mo</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>JUNE-26-1962</u>  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Blanche Neely</u>   |   |  |  |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Permit Blank  
6-22-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Howard F. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.